

Follmann with abundant *T pallidum*, syphilis maligna praecox, early malignant syphilis observed during infection and reinfection in the same patient, a keratopustular variety of framboesiform syphilis, and early varioliform syphilis. He said "such cases represent natural experiments which offer a possibility to be investigated in patients by experienced scientists".

In dermatology, Professor Lejman showed a wide range of interests presented in his publications. Subjects he investigated included bone marrow in systemic lupus erythematosus, special forms of plasma cells, and cytology of the reticuloendothelial system in mycosis fungoides, sarcoidosis, and skin tuberculosis. He described different variants of Sternberg's cells, cytomorphological differences of Tzanck cells in

individual forms of pemphigus, and trichophytia blephariciliaris et peripalpebralis. Professor Lejman recognised pyoderma chancriformis acuta as a separate entity, and took an interest in pyoderma chancriformis chronica, especially in differentiating this from primary syphilis. Moreover, he was the author of interesting case reports on subjects such as giant keratoacanthoma of the prepuce, bullosis diabeticorum, and hyalinosus cutis et mucosae with endocranial calcifications (angel wings).

Professor Lejman was passionately interested in the history of medicine, especially the development of teaching methods of dermatovenereology at universities, and in the origin of syphilis in Europe. In this field he had, and published, many interesting ideas and discoveries. He was an honorary mem-

ber of seven European dermatological societies, the Polish Dermatological Society, and the Polish History of Medicine Society.

Professor Lejman was a famous lecturer and was very popular among medical students, who attended his lectures and clinical demonstrations with great interest. In his lectures he aimed to teach his students and assistants to try to understand the aetiopathogenesis and the nature of illness and to show that the appropriate treatment is never polypragmatic.

His wide and deep knowledge of philosophy, history, history of art, biology, nature, and his artistic talents were recognised by everybody who had an opportunity to meet this fascinating man, teacher, and friend.

*Z Starzycki*

## Notices

*Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for application.*

### **Sixth Latin American congress of sexually transmitted diseases**

The sixth Latin American congress of sexually transmitted diseases will be held on 16 to 18 September 1987 in Guayaquil, Ecuador. It will be preceded by a theoretical and practical course on "The laboratory in the diagnosis of sexually transmitted diseases", which will be held on 14 and 15 September.

For further information please contact Dr J Felipe Aroca Campodonico, President of UECETS, Casilla 4733, Guayaquil, Ecuador.

### **25th Anniversary of The Royal College of Pathologists**

The silver jubilee meeting of the Royal College of Pathologists will be held on 8-11 September 1987 at the Queen Elizabeth II Conference Centre, London.

Major symposia will be on: chemical pathology, haematology, cytopathology,

histopathology, genetics, immunology, medical microbiology, toxicology, and neuropathology.

Programmes are now available from: Concorde Services Limited, 10 Wendell Road, London W12 9RT. Telephone: 01 431 3106

### **Second international congress on sexual development and functioning**

The Fay Institute of Human Relations will be presenting a second international congress on sexual development and functioning across the lifespan, in Montreal, on 22-24 October 1987. The theme will be "A celebration of sexual awareness". Papers for poster presentations are welcome.

Fees: \$165-240 (Cdn) or \$120-180 (US).

For more information, please contact Catherine Blake, Congress Coordinator, at the following address: The Fay Institute of Human Relations Inc, CP 5, Côte-des-Neiges, Montréal, Québec, Canada H3S 2S4.

### **XIII World conference on health education**

"Participation for all in health" is the theme of the XIII World conference on health education to be held in Houston, Texas, USA, on 28 August to 2 September 1988. The conference, which is the triennial meeting of the International Union for Health Education, will address important health education issues and resolutions dealing with such topics as child survival, access to health, mass communications, international networking, the acquired immune deficiency syndrome (AIDS), and other topics. The conference organisers are the International Union for Health Education, The Centers for Disease Control, The National Center for Health Education, and the United States Host Committee.

For further information contact the US Host Committee, (713) 792-8540, or write to: The US Host Committee, PO Box 20186, Suite 902, Houston Texas 77225, USA.

# List of current publications

Selected abstracts and titles from recent reports published worldwide arranged in the following sections:

## Syphilis and other treponematoses

### Gonorrhoea

Non-specific genital infection and related disorders (chlamydial infections; mycoplasmal and ureaplasma infections; general)

### Pelvic inflammatory disease

### Reiter's disease

### Trichomoniasis

## Candidosis

### Genital herpes

### Genital warts

### Acquired immune deficiency syndrome

### Other sexually transmitted diseases

### Genitourinary bacteriology

### Public health and social aspects

### Miscellaneous

## Syphilis and other treponematoses

**Painful red leg nodules and syphilis: a consideration in patients with erythema nodosum-like illness**

TJ SILBER, M KASTRINAKIS, AND O TAUBE (Washington, USA). *Sex Transm Dis* 1987; 14:52-3.

**A case of tabes dorsalis with tonic pupils and lightning pains relieved by sodium valproate**  
D BOWSER, I RENNIE, J LAHUERTA, AND A NELSON (Liverpool, England). *J Neurol Neurosurg Psychiatry* 1987;50:239-40.

**Syphilitic retinitis in a patient with acquired immunodeficiency syndrome-related complex**  
VD STOUMBOS AND ML KLEIN (Portland, USA). *Am J Ophthalmol* 1987;103:103-4.

**Epidemiology of an outbreak of infectious syphilis in Manitoba**

CB LEE, RC BRUNHAM, E SHERMAN, AND GKM HARDING (Winnipeg, Canada). *Am J Epidemiol* 1987;125:277-83.

**Serum requirement for the multiplication of *Treponema pallidum* in a tissue culture system: association of growth-promoting activity with the protein fraction**

SJ NORRIS AND DG EDMONDSON (Houston, USA). *Sex Transm Dis* 1986;13:207-13.

**Immunochemical characterization and purification of *Treponema pallidum* antigen TpD expressed by *Escherichia coli* K12**

P HINDERSSON, A COCKAYNE, LM SCHOULS, AND JDA van EMDEN (Copenhagen, Denmark). *Sex Transm Dis* 1986;13:237-44.

**Staining intensities in the fluorescent treponemal antibody-absorption (FTA-Abs)**

**test: association with the diagnosis of syphilis**

SA LARSEN, CE FARSHY, BJ PENDER, MR ADAMS, DE PETTIT, AND EA HAMBIE (Atlanta, USA). *Sex Transm Dis* 1986;13:221-7.

**IgG and IgM antibody reactivity to antigens of *Treponema pallidum* after treatment of syphilis**

SA BAKER-ZANDER, RE RODDY, HH HANDSFIELD, AND SA LUKEHART (Seattle, USA). *Sex Transm Dis* 1986;13:214-20.

**Evaluation of sera from patients with Lyme disease in the fluorescent treponemal antibody-absorption test for syphilis**

EF HUNTER, H RUSSELL, CE FARSHY, JS SAMPSON, AND SA LARSEN (Atlanta, USA). *Sex Transm Dis* 1986;13:232-6.

**Roxithromycin (RU 965): effective therapy for experimental syphilis infection in rabbits**

SA LUKEHART AND SA BAKER-ZANDER (Seattle, USA). *Antimicrob Agents Chemother* 1987;31:187-90.

**Treatment of primary and secondary syphilis: defining failure at three- and six-month follow up**

ME GUINAN (Atlanta, USA). *JAMA* 1987; 257:359-60.

## Gonorrhoea

**Disseminated gonococcal infection caused by penicillinase-producing organisms in patients with unusual joint involvement**

J-L SARAUX, A-M VIGNERON, G BERTHELOT, M-C DOMBRET, J-M SMIEJAN, AND M-F KAHN (Paris, France). *J Infect Dis* 1987;155:154.

**Epidemiology of gonorrhoea: distribution and temporal changes in auxotype/serovar classes**

**of *Neisseria gonorrhoeae***

JS KNAPP, KK HOLMES, P BONIN, AND EW HOOK (Seattle, USA). *Sex Transm Dis* 1987;14: 26-32.

**Alterations in peptidoglycan of *Neisseria gonorrhoeae* induced by sub-MICs of  $\beta$ -lactam antibiotics**

JF GARCIA-BUSTOS AND TJ DOUGHERTY (New York, USA). *Antimicrob Agents Chemother* 1987;31:178-82.

**Characterization of protein I from serum-sensitive and serum-resistant transformations of *Neisseria gonorrhoeae***

RC JUDD, M TAM, AND K JOINER (Missoula, USA). *Infect Immun* 1987;55:273-6.

**Treatment of uncomplicated gonococcal urethritis in men with two dosages of ciprofloxacin**

MIAM TEGELBERG-STASSEN, JCS van der HOEK, AND L MOOI (Rotterdam, the Netherlands). *Eur J Clin Microbiol* 1986;5:244-6.

**Symptomatic response to therapy of men with gonococcal urethritis: do all need post treatment cultures?**

GP SCHMID, RE JOHNSON, ER BRENNER, AND THE COOPERATIVE STUDY GROUP (Atlanta, USA). *Sex Transm Dis* 1987;14:37-40.

**Non-specific genital infection and related disorders (chlamydial infections)**

**Occult chlamydial ophthalmia in men with non-gonococcal urethritis**

EF MONTEIRO, JA BRADBURY, M O'DONNELL, IG RENNIE, AND GR KINGHORN (Sheffield, England). *Br Med J* 1987;294:349.

### Transmission of *Chlamydia trachomatis* by artificial insemination

TC NAGEL, GE TAGATZ, AND BF CAMPBELL (Minneapolis, USA). *Fertil Steril* 1986;46:959-60.

### Class specific immunoglobulin response to individual polypeptides of *Chlamydia trachomatis*, elementary bodies, and reticulate bodies in patients with chlamydial infection

R CEVENINI, F RUMPIANESI, M DONATI, A MORONI, V SAMBRI, AND M LA PLACA (Bologna, Italy). *J Clin Pathol* 1986;39:1313-6.

### Evaluation of enzyme immunoassay (Chlamydiazyme) for detecting *Chlamydia trachomatis* in genital tract specimens

D TAYLOR-ROBINSON, BJ THOMAS, AND MF OSBORN (Harrow, England). *J Clin Pathol* 1987;40:194-9.

### In vitro activity of A-56268 (TE-031) and four other antimicrobiol agents against *Chlamydia trachomatis*

J SEGRETI, HA KESSLER, KS KAPEL, AND GM TRENHOLME (Chicago, USA). *Antimicrob Agents Chemother* 1987;31:100-1.

### Non-specific genital infection and related disorders (mycoplasmal and ureaplasma infections)

#### Colonization of sexually abused children with genital mycoplasmas

MR HAMMERSCHLAG, B DORAISWAMY, P COX, M CUMMINGS, AND WM McCORMACK (Brooklyn, USA). *Sex Transm Dis* 1987;14:23-5.

#### Non-specific genital infection and related disorders (general)

#### Epididymitis in children and adolescents: a 20-year retrospective study

S LIKITNUKUL, GH McCracken, JD NELSON, AND TP VOTTELER (Dallas, USA). *Am J Dis Child* 1987;141:41-4.

#### *Hemophilus parainfluenzae* prostatitis in a homosexual man with chronic lymphadenopathy syndrome and HTLV-III infection

GJ CLAIRMONT, LI ZON, AND JE GROOPMAN (Boston, USA). *Am J Med* 1987;82:175-8.

#### Evaluation of roxithromycin in the treatment

#### of non-gonococcal urethritis in males

AH van der WILLIGEN, KH TIJAM, JHT WAGENVOORT, AA POLAK-VOGELZANG, MF MICHEL, AND E STOLZ (Rotterdam, the Netherlands). *Eur J Clin Microbiol* 1986;5:612-4.

### Pelvic inflammatory disease

#### Sexually transmitted diseases and tubal infertility

KJ SHERMAN, JR DALING, AND NS WEISS (Seattle, USA). *Sex Transm Dis* 1987;14:12-6.

#### Acute salpingitis in sterilized women

M VERMESH, E CONFINO, LR BOLER, J FRIBERG, AND N GLEICHER (Chicago, USA). *Obstet Gynecol* 1987;69:265-7.

### Reiter's disease

#### The co-occurrence of Reiter's syndrome and acquired immunodeficiency

R WINCHESTER, DH BERNSTEIN, HD FISCHER, R ENLOW, AND G SOLOMON (New York, USA). *Ann Intern Med* 1987;106:19-26.

### Trichomoniasis

#### Urethral trichomoniasis in men

AS LATIF, PR MASON, AND E MAROWA (Harare, Zimbabwe). *Sex Transm Dis* 1987;14:9-11.

#### An agar culture technique to quantitate *Trichomonas vaginalis* from women

A PHILIP, P CARTER-SCOTT, AND C ROGERS (Wilmington, USA). *J Infect Dis* 1987;155:304-8.

### Candidosis

#### Effect of antifungal agents on lipid biosynthesis and membrane integrity in *Candida albicans*

NH GEORGOPAPADAKOU, BA DIX, SA SMITH, J FREUDENBERGER, AND PT FUNKE (Nutley, USA). *Antimicrob Agents Chemother* 1987;31:46-51.

#### Effect of fenticonazole in vaginal candidiasis: a double-blind clinical trial versus clotrimazole

### List of current publications

E BREWSTER, PM PRETI, R RUFFMANN, AND J STUDD (London, England). *J Int Med Res* 1986;14:306-10.

### Genital herpes

#### Acquisition of concomitant oral and genital infection with herpes simplex virus type 2

RG MILLER, WL WHITTINGTON, M COLEMAN, AND SM NIGIDA (Atlanta, USA). *Sex Transm Dis* 1987;14:41-3

#### Herpes simplex virus shedding in genital secretions

MP STENZEL-POORE, LM HALLICK, JL FENDRICK, M NEUBURG, FJ STORRS, AND JM HANIFIN (Portland, USA). *Sex Transm Dis* 1987;14:17-22.

#### Neonatal herpes simplex virus infection occurring in second twin of an asymptomatic mother: failure of a modern protocol

WA GOWDON, L APODACA, J CRAGUN, EM PETERSON, AND LM de la MAZA (Los Angeles, USA). *JAMA* 1987;257:508-11.

#### Diagnosis of herpes simplex virus by direct immunofluorescence and viral isolation from samples of external genital lesions in a high-prevalence population

WE LAFFERTY, S KROFFT, M REMINGTON, ET AL (Seattle, USA). *J Clin Microbiol* 1987;25:323-6.

#### Structure and expression of the herpes simplex virus type 2 glycoprotein gB gene

LL STUVE, S BROWN-SHIMER, C PACHL, R NAJARIAN, D DINA, AND RL BURKE (Emeryville, USA). *J Virol* 1987;61:326-35.

#### Clinical course of recurrent genital herpes and treatment with foscarnet cream: result of a Canadian multicenter trial

SL SACKS, J PORTNOY, D LAWEE, ET AL (Vancouver, Canada). *J Infect Dis* 1987;155:178-6.

### Genital warts

#### Perianal Bowen's disease associated with anorectal warts: a case report

NJ FIUMARA AND RF WAGNER (Belmont, USA). *Sex Transm Dis* 1987;14:58-60.

#### Biologic course of cervical human papillomavirus infection

JD NASH, TW BURKE, AND WJ HOSKINS (Bethesda, USA). *Obstet Gynecol* 1987;69:160-2.

## List of current publications

**Papillomavirus antigens in anorectal condyloma and carcinoma in homosexual men**  
AA GAL, PR MEYER, AND CR TAYLOR (Los Angeles, USA). *JAMA* 1987;257:337-40.

**Presence of episomal and integrated human papillomavirus DNA sequences in cervical carcinoma**  
K-B CHOO, C-C PAN, M-S LIU, ET AL (Taiwan, Republic of China). *J Med Virol* 1987; 21:101-7.

**DNA hybridization for human papillomavirus (HPV) in cervical lesions: relationship of the presence of various viral subtypes to expression of HPV structural proteins, involucrin and carcinoembryonic antigen**  
R DEKMEZIAN, X CHEN, T KUO, N ORDÓÑEZ, AND RL KATZ (Houston, USA). *Arch Pathol Lab Med* 1987;111:22-7.

**Lymphocyte phenotypes in cervical intra-epithelial neoplasia and human papillomavirus infection**  
SK TAY, D JENKINS, P MADDOX, AND A SINGER (London, England). *Br J Obstet Gynaecol* 1987;94:16-21.

**Cervical cryotherapy to condylomata acuminata during pregnancy**  
A BERGMAN, J MATSUNAGA, AND NN BHATIA (Torrance, USA). *Obstet Gynecol* 1987;69:47-50.

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## Acquired immune deficiency syndrome

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**The AIDS virus**  
RC GALLO (Bethesda, USA). *Sci Am* 1987; 256:39-48.

**Isolation of human immunodeficiency virus from synovial fluid of a patient with reactive arthritis**  
RH WITHRINGTON, P CORNES, JRW HARRIS (London, England). *Br Med J* 1987;294:484.

**Dermatological conditions in HIV infection**  
MM WALKER, CEM GRIFFITHS, J WEBER, ET AL (London, England). *Br Med J* 1987;294: 29-32.

**Abdominal pain in patients with acquired immune deficiency syndrome**  
JE BARONE, BS GINGOLD, TF NEALON, AND ML ARVANITIS (Trenton, USA). *Ann Surg* 1986; 204:619-23.

**Kaposi's sarcoma of the lung in AIDS: radiologic-pathologic analysis**

CJ SIVIT, AM SCHWARTZ, AND SD ROCKOFF (Washington, USA). *American Journal of Roentgenology* 1987;148:25-8.

**Lymphocytic interstitial pneumonia in patients at risk for the acquired immune deficiency syndrome**  
JC MORRIS, MJ ROSEN, A MARCHEVSKY, AND AS TEIRSTEIN (New York, USA). *Chest* 1987; 91:63-7.

**Histoplasmosis in patients with the acquired immune deficiency syndrome**  
W MANDELL, DM GOLDBERG, AND HC NEU (New York, USA). *Am J Med* 1986;81: 974-8.

**Testicular toxoplasmosis in two men with the acquired immunodeficiency syndrome (AIDS)**  
M NISTAL, A SANTANA, R PANIAQUA, AND J PALACIOS (Madrid, Spain). *Arch Pathol Lab Med* 1986;110:744-6.

**Acanthamoeba meningoencephalitis in a patient with AIDS**  
CA WILEY, RE SAFRIN, CE DAVIS, ET AL (La Jolla, USA). *J Infect Dis* 1987;155:130-3.

**Metastatic basal cell carcinoma in acquired immunodeficiency syndrome-related complex**  
KV SITZ, M KEPPE, AND DF JOHNSON (Little Rock, USA). *JAMA* 1987;257:340-3.

**Another venereal disease with frequent nervous system involvement: neuro-AIDS**  
K FELGENHAUER (Göttingen, Federal Republic of Germany). *J Neurol* 1987;234:65-6.

**Acute myelopathy associated with primary infection with human immunodeficiency virus**  
DW DENNING, J ANDERSON, P RUDGE, AND H SMITH (Harrow, England). *Br Med J* 1987; 294:143-4.

**Movement disorders and AIDS**  
A NAITH, J JANKOVIC, AND LC PETTIGREW (Houston, USA). *Neurology* 1987;37:37-41.

**Evaluation of a clinical case-definition of acquired immunodeficiency syndrome in Africa**  
R COLEBUNDERS, JM MANN, HA FRANCIS, ET AL (Antwerp, Belgium). *Lancet* 1987;i: 492-4.

**HIV and sexual lifestyle**  
C BRADBEER (London, England). *Br Med J* 1987;294:5-6.

**AIDS and intravenous drug use: the real heterosexual epidemic**  
AR MOSS (London, England). *Br Med J* 1987;294:389-90.

**Lymphadenopathy-associated virus type 2 in AIDS and AIDS-related complex: clinical and virological features in four patients**  
F BRUN-VEZINET, MA REY, C KATLAMA, ET AL (Paris, France). *Lancet* 1987;i:128-32.

**HIV-2 infection in two homosexual men in France**  
G BRÜCKER, F BRUN-VEZINET, M ROSENHEIM, MA REY, C KATLAMA, AND M GENTILINI (Paris, France). *Lancet* 1987;i:223.

**Prevalence of human T-lymphotropic retroviruses type III (HIV) and type IV in Ivory Coast**  
F DENIS, F BARIN, G GERSHY-DAMET, ET AL (Tours, France). *Lancet* 1987;i:408-11.

**Prevalence of antibody to HTLV-III/LAV in a population attending a sexually transmitted diseases clinic**  
CS RABKIN, PA THOMAS, HW JAFFE, AND S SCHULTZ (New York, USA). *Sex Transm Dis* 1987;14:48-51.

**Seropositivity to LAV/HTLV-III in 11 European countries**  
P EBBESEN, M MELBYE, DJ JEFFRIES, ET AL (Aarhus, Denmark). *Eur J Cancer Clin Oncol* 1986;22:1453-6.

**Absence of antibodies to human immunodeficiency virus in homosexual, hemophilic, and heterosexual men in Budapest, Hungary in 1983-1984**  
JS EPSTEIN, PM GRIMLEY, O PREBLE, ET AL (Bethesda, USA). *J Infect Dis* 1987;155: 134-6.

**National surveillance of AIDS in health care workers**  
AR LIFSON, KG CASTRO, E MCCRAY, AND HW JAFFE (Atlanta, USA). *JAMA* 1986;256: 3231-4.

In this article Lifson and colleagues explore the risk of acquiring the acquired immune deficiency syndrome (AIDS) among health care workers in the USA through analysis of national surveillance data. They analysed information obtained for all patients with AIDS reported to the Centers for Disease Control (CDC), Atlanta. This included data about employment in health care or in a clinical laboratory setting, and occupational information was available for 922 adults, who composed 5.5% of the total number of American patients with AIDS at 1 May 1986. When compared with other patients with AIDS, health care workers with AIDS were similar in age, sex, and race. Of the 922 health care workers with AIDS reported to

the CDC, 88 did not belong to groups considered to be at increased risk for AIDS. After further interview or the gleaning of other follow up information, however, it was clear that 95% of all health care workers with AIDS belonged to high risk groups. Compared with AIDS patients who were not health care workers, health care staff with AIDS were significantly more likely to be homosexual or bisexual, or heterosexual partners of high risk persons, and less likely to be intravenous drug abusers ( $p < 0.0001$ ).

The evaluation of the risk of AIDS posed to health care workers by virtue of their occupation is made difficult by the fact that they are as subject as the rest of the population to the risks associated with certain parenteral or sexual exposure. For the purposes of epidemiological surveillance, a definite case of occupationally acquired HIV infection should ideally include the following: a worker with no identifiable risk factors for AIDS whose serum obtained shortly after the possible exposure is negative for antibody to HIV but whose follow up serum sample, in the absence of interim exposure to other risk factors, is positive for antibody to HIV. Such exposures were not identified for any AIDS patients reported to the CDC. Neither had the proportion of health care workers with "no identified risks" increased with time. In support of this study the authors cited other reports that have shown that the risk of transmission of HIV from infected persons to health care workers is low.

GLM Sharp

#### Risk of AIDS to health care workers

WD DECKER AND W SCHAFFNER (Nashville, USA). *JAMA* 1986;256:3264-5.

#### AIDS and antibodies to human immunodeficiency virus (HIV) in children and their families

K MARTIN, BZ KATZ, AND G MILLER (New Haven, USA). *J Infect Dis* 1987;155:54-63.

#### Transmission of HIV infection to heterosexual partners but not to household contacts of seropositive haemophiliacs

G BIBERFIELD, B BÖTTIGER, E BERNTORP, ET AL (Stockholm, Sweden). *Scand J Infect Dis* 1986;18:497-500.

#### Risk factors for AIDS among Haitians residing in the United States: evidence of heterosexual transmission

THE COLLABORATIVE STUDY GROUP OF AIDS IN HAITIAN-AMERICANS (Atlanta, USA). *JAMA* 1987;257:635-9.

#### Risk of human immunodeficiency virus infection from blood donors who later developed the acquired immunodeficiency syndrome

JW WARD, DA DEPPE, S SAMSON, ET AL (Atlanta, USA). *Ann Intern Med* 1987;106:61-2.

#### The Vancouver lymphadenopathy-AIDS study: 6. HIV seroconversion in a cohort of homosexual men

MT SCHECHTER, WJ BOYKO, B DOUGLAS, ET AL (Vancouver, Canada). *Can Med Assoc J* 1986;135:1355-60.

#### Spectrum of natural antibodies against five HTLV-III antigens in infected individuals: correlation of antibody prevalence with clinical status

G FRANCHINI, M ROBERT-GUROFF, A ALDOVINI, NC KAN, AND F WONG-STAAAL (Bethesda, USA). *Blood* 1987;69:437-41.

#### Sexual practices and risk of infection by the human immunodeficiency virus: the San Francisco men's health study

W WINKELSTEIN, DM LYMAN, N PADIAN, ET AL (Berkeley, USA). *JAMA* 1987;257:321-5.

#### Clinical immunologic, and serologic findings in men at risk for acquired immunodeficiency syndrome: the San Francisco men's health study

W LANG, RE ANDERSON, H PERKINS, ET AL (Berkeley, USA). *JAMA* 1987;257:326-30.

#### Lymphadenopathy syndrome in homosexual men: evidence for continuing risk of developing the acquired immunodeficiency syndrome

JE KAPLAN, TJ SPIRA, DB FISHBEIN, PF PINSKY, AND LB SCHONBERGER (Atlanta, USA). *JAMA* 1987;257:335-7.

#### Predictors of the acquired immunodeficiency syndrome developing in a cohort of seropositive homosexual men

BF POLK, R FOX, R BROOKMEYER, ET AL (Bethesda, USA). *N Engl J Med* 1987;316:61-6.

#### Risk factors for seroconversion to human immunodeficiency virus among male homosexuals

LA KINGSLEY, R DETELS, R KASLOW, BF POLK, ET AL (Pittsburg, USA). *Lancet* 1987;i:345-9.

#### Relation of oral hairy leukoplakia to infection with the human immunodeficiency virus and the risk of developing AIDS

D GREENSPAN, JS GREENSPAN, NG HEARST, ET AL (San Francisco, USA). *J Infect Dis* 1987;155:475-81.

#### Human immunodeficiency virus infection in two cohorts of homosexual men: neutralising sera and association of anti-gag antibody with prognosis

JN WEBER, PR CLAPHAM, RA WEISS, ET AL (London, England). *Lancet* 1987;i:119-22.

Sequential sera from 48 patients with human immunodeficiency virus infection were collected over 36 months. Samples were tested for the presence of neutralising antibodies and for specific anti-gag (p24) and anti-env (p41) antibodies; these results were correlated with the clinical outcome. The main finding was that those patients who remained well for the study period had significantly higher titres of anti-p24 antibodies than those who developed the acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC); a low or falling titre against p24 heralded the progression of disease by up to 27 months.

An independent, although not significant, trend towards increasing neutralising antibody with time was seen in those observed from seroconversion, and neutralising antibody titres were high in those without symptoms, but lower in those with AIDS or ARC. In contrast, concentrations of anti-env antibodies did not seem to be related to clinical condition or outcome.

The authors conclude that the anti-p24 antibody titre is a useful prognostic indicator, and speculate that the apparent protective effect of high levels might be utilised in a vaccine.

C Bradbeer

#### Antibody to human lymphotropic virus type III: immunologic status of homosexual contacts of patients with the acquired immunodeficiency syndrome and the acquired immunodeficiency related complex

JM GOLDSMITH, SB KALISH, DG OSTROW, ET AL (Chicago, USA). *Sex Transm Dis* 1987;14:44-7.

#### Characterization of immunologic function in homosexual men with persistent, generalized lymphadenopathy and acquired immune deficiency syndrome

RL BURKES, W ABO, AM LEVINE, ET AL (Los Angeles, USA). *Cancer* 1987;59:731-8.

#### Relationship between antibody to LAV/HTLV-III and the natural course of sub-clinical cellular immune dysfunction in homosexual men

AC COLLIER, JD MEYERS, VL MURPHY, PL ROBERTS, JP GETCHELL, AND HH HANDSFIELD (Seattle, USA). *Sex Transm Dis* 1987;14:1-8.

**HTLV-III expression in infected lymph nodes and relevance to pathogenesis of lymphadenopathy**

P BIBERFIELD, KJ CHAYT, LM MARSELLE, G BIBERFIELD, RC GALLO, AND ME HARPER (Stockholm, Sweden). *Am J Pathol* 1986; 123:436-42.

In this study on lymph nodes from human immunodeficiency virus (HIV) infected patients, the authors attempted to define the role of HIV in the pathogenesis of lymph node enlargement.

They used <sup>35</sup>S-labelled probes, specific for 3' regions of the HIV genomes, and the performance and specificity of these probes was first checked on HIV infected and uninfected T cell lines. Human T cell lymphotropic virus type I and bacteriophage  $\lambda$  were used as control probes. Specimens were hybridized with the probes, autoradiographed, developed, and stained with Wright's stain. Frozen sections of the nodes from seropositive men with acquired immune deficiency syndrome (AIDS), AIDS related complex, and persistent generalised lymphadenopathy were compared with tonsils or follicular lymphomas from seronegative people (as controls). The 14 nodes from HIV infected patients included all histological categories from follicular hyperplasia to atrophy and depletion.

After two days of autoradiographic exposure, cells expressing viral ribonucleic acid (RNA) were noted in all the sections from the infected nodes, but none hybridized with the control probes. The total number of virus expressing cells was low (140 cells in the 34 sections, an average of 4 cells a section). The authors calculate that this represented 30-300 RNA copies a cell. The histological characteristics of these cells were unknown. The cells expressing viral RNA were found in the follicular area, away from the interfollicular areas where T4 cells are normally found.

After prolonged autoradiography a diffuse pattern of hybridisation was observed, which showed viral RNA diffusely distributed throughout most, but not all, of the follicles. This could have been due to extracellular virus or virus trapped as immune complexes on the follicular dendritic cells (FDCs), or both and the heavily labelled cells could be T4 cells, FDCs, or macrophages. If they were T cells, the absence of the virus expressing cells in the typical T cell areas of the nodes is surprising. T4 cells may become infected on entering follicles, or the latent infection in them may be triggered to viral expression on entering the follicle, and the follicular involution

could be due to the cytopathic effect of the virus.

The mechanism of hyperplasia to involution of T cell areas parallel with immunodeficiency is not explained. The fragmentation and involution of follicles is related to infiltration by T cells and destruction of FDCs. Infiltrating cytotoxic T cells or lymphokines, or both, or viral products may cause the fragmentation. Alternatively, the FDCs may themselves be infected and destroyed. This leads to the interesting conclusion that the FDC related cells of monocyte or macrophage lineage may also be infected with HIV. The authors conclude that in HIV infected patients, lymph nodes are an important site of viral replication and viral trapping, which suggests a decisive role of the virus in changes associated with lymphadenopathy.

This study shows the presence of viral expression in some cells in infected lymph nodes, though their nature is unknown. Though more questions need to be answered, it may lead to studies that will throw light on the prognosis and progression of HIV infection.

V Manoharan

**Effect of T4 count and cofactors on the incidence of AIDS in homosexual men infected with human immunodeficiency virus**

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WC GOH, JG SODROSKI, CA ROSEN, AND WA HASELTINE (Boston, USA). *J Virol* 1987; 61:633-7.

**Augmentation of skin test reactivity and lymphocyte blastogenesis in patients with AIDS treated with transfer factor**

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**How sensitive are the commercial assays for anti HTLV-III/LAV?**

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P NISHANIAN, JMG TAYLOR, E KORNS, R DETELS, A SAAH, AND JL FAHEY (Los Angeles,

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**Surgery in patients with acquired immunodeficiency syndrome**

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**Use of intravitreal ganciclovir (dihydroxy propoxymethyl guanine) for cytomegalovirus retinitis in a patient with AIDS**

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### Development of antiretroviral therapy for the acquired immunodeficiency syndrome and related disorders: a progress report

R YARCHOAN AND S BRODER (Bethesda, USA). *N Engl J Med* 1987;316:557-64.

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## Other sexually transmitted diseases

### The increase in molluscum contagiosum

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### Transmission of hepatitis B virus by artificial insemination

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### Time for action on hepatitis B immunisation

RG FINCH (Nottingham, England). *Br Med J* 1987;294:197-8.

### Etiology of nonvesicular genital ulcers in Winnipeg

F DIAZ-MITOMA, G BENNINGEN, M SLUTCHUK, AR RONALD, AND RC BRUNHAM (Winnipeg, Canada). *Sex Transm Dis* 1987;14:33-6.

### Single-dose ceftriaxone for chancroid

MI BOWMER, H NSANZE, LJ D'COSTA, ET AL (Winnipeg, Canada). *Antimicrob Agents Chemother* 1987;31:67-9.

## Genitourinary bacteriology

### Episiotomy wound infection due to *Gardnerella vaginalis*

MNH CHOWDHURY AND SK DESILVA (Riyadh, Saudi Arabia). *Eur J Clin Microbiol* 1986;5:164-5.

### Susceptibility of *Mobiluncus* species to 23 antimicrobial agents and 15 other compounds

CA SPIEGEL (Madison, USA). *Antimicrob Agents Chemother* 1987;31:249-52.

### Urinary tract infections and sexual activity in young women

L LEBOVICI, G ALPERT, A LAOR, O KALTER-LEBOVICI, AND YL DANON (Petah Tiqva, Israel). *Arch Int Med* 1987;147:345-7.

Sexual activity is well recognised as a factor in the aetiology of urinary tract infection (UTI) in young women. Previous studies have shown a temporal association, as appreciable bacteruria has been shown within 24 hours of coitus. This latest survey confirms the link between sexual intercourse and UTI, but not the temporal correlation.

One hundred and fifty seven women with symptomatic UTI aged 17 to 27 were compared with a control group of 105 asymptomatic women aged 17 to 25. Women who had had sexual intercourse at least once during the 30 days before the start of their complaints or before interview in the control group were defined as being "sexually active". A single organism bacterial count of  $10^5$  colony forming units/ml or more was shown in all study group women, and *Escherichia coli* was predominant (in 63%). On logistic regression analysis, sexual activity was the only significant and independent behavioural difference between the groups (87% of women with UTI were sexually active compared with 33% of the control group). Of the 147 episodes of UTI, only 29% occurred within 24 hours of sexual intercourse; of 24 episodes that occurred during follow up, 33% occurred within 24 hours of coitus.

Previous studies have concentrated on women with recurrent UTI who have generally been older, which may have influenced the temporal association. From this survey it seems that the simplistic view of sexual intercourse as the vehicle transferring bacteria into the bladder is probably not true for most women with symptomatic UTI.

RS Pattman

### Rapid detection of group B streptococci directly from vaginal swabs

ER WALD, B DASHEFSKY, M GREEN, ET AL (Pittsburgh, USA). *J Clin Microbiol* 1987;25:573-4.

## Public health and social aspects

### Antiviral antibodies in the sera of homosexual men: correlation with their lifestyle and drug usage

LS NERURKAR, RJ BIGGAR, JJ GOEDERT, ET AL (Bethesda, USA). *J Med Virol* 1987;21:123-35.

### The initial impact of AIDS on public health law in the United States—1986

GW MATHEWS AND VS NESLUND (Atlanta, USA). *JAMA* 1987;257:344-52.

## List of current publications

### Legal control measures for AIDS: reporting requirements, surveillance, quarantine, and regulation of public meeting places

L GOSTIN AND WJ CURRAN (Boston, USA). *Am J Public Health* 1987;77:214-8.

## Miscellaneous

### Malignant melanoma of the penis and male urethra: report of nine cases and review of the literature

J OLDBRING AND P MIKULOWSKI (Malmö, Sweden). *Cancer* 1987;59:581-7.

### Chronic balanitis owing to pemphigus vegetans

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### Disseminated Kaposi's sarcoma that is not associated with acquired immunodeficiency syndrome in a bisexual man

K-H MARQUART, G OEHLISCHLAEGEL, AND R ENGST (Neuherberg, Federal Republic of Germany). *Arch Pathol Lab Med* 1986;110:346-7.

### Nomenclature of non-neoplastic vulval conditions

CM RIDLEY (London, England). *Br J Derm* 1986;115:647-8.

### Controlled trial of a new cervical spatula

MR WOLFENDALE, R HOWE-GUEST, M McD USHERWOOD, AND GJ DRAPER (Aylesbury, England). *Br Med J* 1987;294:33-5.

### Hepatic reactions associated with ketoconazole in the United Kingdom

C LAKE-BAKAAR, PJ SCHEUER, AND S SHERLOCK (Brooklyn, USA). *Br Med J* 1987;294:419-22.